

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp	CALIFORNIA 460 FORM
	Page <u>1</u> of <u>16</u>
	For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>01/01/2019</u>	
through <u>06/30/2019</u>	

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4
- ☒ Officeholder, Candidate Controlled Committee
- ☐ State Candidate Election Committee
- ☐ Recall
- ☐ General Purpose Committee
- ☐ Sponsored
- ☐ Small Contributor Committee
- ☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
- ☐ Controlled
- ☐ Sponsored
- ☐ Primarily Formed Candidate/Officeholder Committee
- ☐ (Also Complete Part 6)
- ☐ (Also Complete Part 7)

2. Type of Statement:
- ☐ Prediction Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain Below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER **1407086**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Gloria Soto for Santa Maria City Council District 3 2018

Treasurer(s)

NAME OF TREASURER

Monica Intaglietta

MAILING ADDRESS

226 East Canon Perdido Street #D

CITY

Santa Barbara, CA 93101

NAME OF ASSISTANT TREASURER, IF ANY

Juan Pablo Anguliano

MAILING ADDRESS

208 North Curryer Street

CITY

Santa Maria, CA 93458

OPTIONAL: FAX / E-MAIL ADDRESS

monica@cicsb.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/25/19

DATE

Executed on 7/25/19

DATE

Executed on _____

DATE

Executed on _____

DATE

By _____

Signature of Treasurer or Assistant Treasurer

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM
460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Gloria Soto			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member City of Santa Maria 3			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 818 W Dante Drive		CITY Santa Maria, CA	STATE CA
ZIP 93458			

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy*

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE		Statement covers period		CALIFORNIA 460 FORM	
NAME OF FILER		from 01/01/2019		Page 3 of 16	
Gloria Soto for Santa Maria City Council District 3 2018		through 06/30/2019		I.D. NUMBER 1407086	

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$.00	\$.00
2. Loans Received	Schedule B, Line 3 .00	.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$.00	.00
4. Nonmonetary Contributions	Schedule C, Line 3 .00	.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$.00	.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$.00	\$.00
21. Expenditures Made	\$.00	\$.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 2,132.18	\$ 2,132.18
7. Loans Made	Schedule H, Line 3 .00	.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 2,132.18	2,132.18
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 .00	.00
10. Nonmonetary Adjustment	Schedule C, Line 3 .00	.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 2,132.18	2,132.18

Expenditures Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
	\$
	\$
	\$
	\$
	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 8,491.05
13. Cash Receipts	Column A, Line 3 above .00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 587.35
15. Cash Payments	Column A, Line 8 above 2,132.18
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 6,946.22
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED	Schedule B, Line 2 \$.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$.00

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u>		CALIFORNIA 460 FORM		Page <u>4</u> of <u>16</u>
NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018				I.D. NUMBER 1407086		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.)

----- \$.00

2. Amount received this period - unitemized monetary contributions of less than \$100

----- \$.00

3. Total monetary contributions received this period.

(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

----- TOTAL \$.00

SUBTOTAL \$

* Contributor Codes

IND - Individual

COM - Recipient Committee

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B - Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u>		CALIFORNIA FORM 460	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Gloria Soto for Santa Maria City Council District 3 2018

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
* <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	\$ PER ELECTION** CALENDAR YEAR

Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)
----- \$.00
- Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven)
(Include loans paid by a third party that are also itemized on Schedule A.)
----- \$.00
- Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page, Column A, Line 2
----- NET \$.00
(May be a negative number)

* Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SUBTOTALS \$		\$	\$	\$
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* Amounts forgiven or paid by another party also must be reported on Schedule A
** If required.

(Enter (e) on
Schedule E, Line 3)
FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B - Part 2 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018		Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u>		CALIFORNIA 460 FORM Page <u>6</u> of <u>16</u>	
		I.D. NUMBER		1407086	

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		LENDER DATE		CALENDAR DATE \$ _____ PER ELECTION (IF REQUIRED)	

SUBTOTAL \$		Enter on Summary Page Line 17 only.
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Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

**CALIFORNIA 460
FORM**

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Statement covers period
from **01/01/2019**
through **06/30/2019**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

I.D. NUMBER

1407086

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.

(Include all Schedule C subtotals.) ----- \$.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ----- \$.00

3. Total nonmonetary contributions received this period.

(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ----- **TOTAL \$** .00

SUBTOTAL \$

* Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures, and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from 01/01/2019 through 06/30/2019		CALIFORNIA 460 FORM	
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NAME OF FILER	DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	DISTRICT #	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Gloria Soto for Santa Maria City Council District 3 2018	04/04/2019	Santa Barbara Democratic Party		<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500.00	500.00	
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SCHEDULE D SUMMARY

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 500.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 500.00

SUBTOTAL \$ 500.00

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u>		CALIFORNIA 460 FORM	
NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018		Page <u>9</u> of <u>16</u>		I.D. NUMBER 1407086	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MITG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		100.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	CNS		250.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	CNS		150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$	575.00
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Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u>		CALIFORNIA 460 FORM Page <u>10</u> of <u>16</u> I.D. NUMBER 1407086

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	CNS		150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00
Expedia 333 108th Avenue Northeast Bellevue, WA 98004	TRC	Lodging	107.18
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 407.18

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u>		CALIFORNIA 460 FORM	
NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018		Page <u>11</u> of <u>16</u>		I.D. NUMBER 1407086	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	CNS		150.00
Santa Barbara Democratic Party 1025 Castillo Street Santa Barbara, CA 93101 ID: 742091	CTB		500.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	CNS		150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 875.00

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>01/01/2019</u>		CALIFORNIA 460 FORM
NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018		through <u>06/30/2019</u>		
				Page <u>12</u> of <u>16</u>
				I.D. NUMBER 1407086

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	CNS		150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2,082.18
2. Unitemized payments made this period of under \$100	\$	50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	2,132.18
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	225.00

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Statement covers period from 01/01/2019 through 06/30/2019	CALIFORNIA FORM Page 13 of 16
Gloria Soto for Santa Maria City Council District 3 2018		I.D. NUMBER 1407086

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

SCHEDULE F SUMMARY

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$	\$	\$
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

<p>SEE INSTRUCTIONS ON REVERSE</p> <p>NAME OF FILER</p> <p>Gloria Soto for Santa Maria City Council District 3 2018</p> <p>NAME OF AGENT OR INDEPENDENT CONTRACTOR</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"> CALIFORNIA 460 FORM </td> </tr> <tr> <td style="width: 60%;"> <p>Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u></p> </td> <td style="width: 40%;"> <p>Page <u>14</u> of <u>16</u></p> </td> </tr> <tr> <td colspan="2"> <p>I.D. NUMBER 1407086</p> </td> </tr> </table>	CALIFORNIA 460 FORM		<p>Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u></p>	<p>Page <u>14</u> of <u>16</u></p>	<p>I.D. NUMBER 1407086</p>	
CALIFORNIA 460 FORM							
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<p>I.D. NUMBER 1407086</p>							

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | |
|--|--|
| <p>CMP campaign paraphernalia/misc.</p> <p>CNS campaign consultants</p> <p>CTB contribution (explain nonmonetary)*</p> <p>CVC civic donations</p> <p>FIL candidate filing/ballot fees</p> <p>FND fundraising events</p> <p>IND independent expenditure supporting/opposing others (explain)*</p> <p>LEG legal defense</p> <p>LIT campaign literature and mailings</p> | <p>MBR member communications</p> <p>MITG meetings and appearances</p> <p>OFC office expenses</p> <p>PET petition circulating</p> <p>PHO phone banks</p> <p>POL polling and survey research</p> <p>POS postage, delivery and messenger services</p> <p>PRO professional services (legal, accounting)</p> <p>PRT print ads</p> |
| <p>RAD radio airtime and production costs</p> <p>RFD returned contributions</p> <p>SAL campaign workers' salaries</p> <p>TEL t.v. or cable airtime and production costs</p> <p>TRC candidate travel, lodging, and meals</p> <p>TRS staff/spouse travel, lodging, and meals</p> <p>TSF transfer between committees of the same candidate/sponsor</p> <p>VOT voter registration</p> <p>WEB information technology costs (internet, e-mail)</p> | |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

TOTAL * \$

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Schedule H Loans Made to Others*

Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u>		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

I.D. NUMBER

1407086

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	\$ RATE %	\$ DATE INCURRED	\$ PER ELECTION** CALENDAR YEAR

SUBTOTALS

\$ \$ \$ \$

\$

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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Schedule I Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

**CALIFORNIA 460
FORM**

Page 16 of 16

Statement covers period
from 01/01/2019
through 06/30/2019

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

I.D. NUMBER

1407086

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
03/13/2019	City Of Santa Maria 110 South Pine Street Santa Maria, CA 93458	Ballot statement refund	587.35

Schedule I Summary

1. Itemized increases to cash this period.	587.35
2. Unitemized increases to cash of under \$100 this period.	.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	587.35
TOTAL \$	587.35

SUBTOTAL \$ 587.35